



## VILLAGE OF WINNECONNE

*The Community of Opportunity*

30 South 1<sup>st</sup> Street  
P.O. Box 488  
Winneconne, WI 54986

### Employment Application

Equal Opportunity Employer: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age, sex, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists.

Position(s) Applied For	Date of Application
How Did You Learn about Us? <input type="checkbox"/> Radio <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Website <input type="checkbox"/> Newspaper Advertisement _____ <input type="checkbox"/> Trade Publication _____	<input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk-In <input type="checkbox"/> Other _____

#### PERSONAL

Name	Last	First	Middle	Telephone (area code and No.)
Address	Street	City	State	Zip Code
Social Security Number				

#### Other Employment-Related Information

Check the following options you would consider <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY If Minor, Age	List any Relatives working for this Organization: Name                      Department
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IF YOU ARE UNDER 18 YEARS OF AGE, CAN YOU PROVIDE REQUIRED PROOF OF YOUR ELIGIBILITY TO WORK? ☐ Yes ☐ No

CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? ☐ Yes ☐ No

HAVE YOU BEEN CONVICTED OF A FELONY, OR PLEADED NO CONTEST IN A FELONY, OR BEEN CONVICTED OF A MISDEMEANOR RESULTING IN IMPRISONMENT OR A FINE OVER \$500 DURING THE LAST TEN YEARS? ☐ Yes ☐ No

IF YES, EXPLAIN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO WE HAVE PERMISSION TO COMPLETE A BACKGROUND ASSESSMENT? ☐ Yes ☐ No

You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

IF YOU SMOKE, ARE YOU WILLING TO ADHERE TO THE VILLAGE RESTRICTED SMOKING POLICY? ☐ Yes ☐ No

#### For Employer's Use:

Updated \_\_\_\_\_

Position \_\_\_\_\_

Updated \_\_\_\_\_

Position \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

START WITH YOUR PRESENT OR LAST JOB, INCLUDE ANY JOB RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, HANDICAP OR OTHER PROTECTED STATUS.

NAME OF EMPLOYER				TYPE OF BUSINESS					
ADDRESS		CITY		STATE		ZIP		PHONE (AREA CODE)	
DATES EMPLOYED				STARTING TITLE AND SALARY				LAST TITLE AND SALARY	
FROM				TO					
NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT?		WAS EMPLOYMENT		REASON FOR LEAVING	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
BRIEF DESCRIPTION OF DUTIES:									
NAME OF EMPLOYER				TYPE OF BUSINESS					
ADDRESS		CITY		STATE		ZIP		PHONE (AREA CODE)	
DATES EMPLOYED				STARTING TITLE AND SALARY				LAST TITLE AND SALARY	
FROM				TO					
NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT?		WAS EMPLOYMENT		REASON FOR LEAVING	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
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ADDRESS		CITY		STATE		ZIP		PHONE (AREA CODE)	
DATES EMPLOYED				STARTING TITLE AND SALARY				LAST TITLE AND SALARY	
FROM				TO					
NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT?		WAS EMPLOYMENT		REASON FOR LEAVING	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
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FROM				TO					
NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT?		WAS EMPLOYMENT		REASON FOR LEAVING	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
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FROM				TO					
NAME AND TITLE OF SUPERVISOR				MAY WE CONTACT?		WAS EMPLOYMENT		REASON FOR LEAVING	
				<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME			
BRIEF DESCRIPTION OF DUTIES:									

HAVE YOU EVER FILLED OUT AN APPLICATION WITH US BEFORE? <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div>		
IF YES, GIVE DATE_____		
HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div>		
IF YES, GIVE DATE_____		
ARE YOU CURRENTLY EMPLOYED? <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div>		
ON WHAT DATE WILL YOU BE AVAILABLE FOR WORK?		
ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? <div><input type="checkbox"/> YES<input type="checkbox"/> NO</div>		
EDUCATION	NAME AND LOCATION OF SCHOOL	SUBJECTS STUDIED OR DEGREE OBTAINED
HIGH SCHOOL		
COLLEGE		
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL		
DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP SKILLS		
DESCRIBE ANY HONORS YOU HAVE RECEIVED:		
LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED AT OPERATING;		
STATE ANY ADDITIONAL INFORMATION THAT YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION		
<b>LIST JOB RELATED PROFESSIONAL, TRADE, BUSINESS, OR CIVIC ACTIVITIES AND OFFICES HELD:</b>		
YOU MAY EXCLUDE MEMBERSHIPS WHICH REVEAL SEX, AGE, RELIGION, NATIONAL ORIGIN, ANCESTRY, HANDICAP OR OTHER PROTECTIVE STATUS:		

IF ANY OF YOUR PREVIOUS EMPLOYERS OR REFERENCES KNOW YOU BY ANOTHER SURNAME PLEASE LIST SUCH NAME IF IT IS NECESSARY TO ENABLE A CHECK ON YOUR WORK OR EDUCATION RECORD:

### REFERENCES

LIST PERSONS KNOWN, BUT NOT RELATED, TO YOU FOR AT LEAST THREE YEARS (NOT FORMER EMPLOYERS).

1.	NAME	TITLE
	BUSINESS/OCCUPATION	PHONE YEARS KNOWN
2.	NAME	TITLE
	BUSINESS/OCCUPATION	PHONE YEARS KNOWN
3.	NAME	TITLE
	BUSINESS/OCCUPATION	PHONE YEARS KNOWN

### SERVICE RECORD

ARE YOU A MILITARY VETERAN?

☐ YES\*

☐ NO

\*IF CLAIMING VETERAN'S PREFERENCES, PLEASE ATTACH A COPY OF YOUR DD-214

**IF DRIVING IS ONE OF THE REQUIREMENTS OF THE POSITION FOR WHICH YOU ARE APPLYING, PLEASE ANSWER THE FOLLOWING:**

DO YOU HAVE A VALID DRIVER'S LICENSE IN THIS STATE?

☐ YES

☐ NO

IF YES, LICENSE NO. \_\_\_\_\_

DO YOU HAVE A VALID CDL LICENSE OR CHAUFFER'S LICENSE?

☐ YES

☐ NO

IF YES, LICENSE NO. \_\_\_\_\_

HAVE YOU HAD ANY MOVING VIOLATIONS DURING THE LAST FIVE YEARS? IF YES, PLEASE LIST BELOW: \_\_\_\_\_

PLEASE READ CAREFULLY BEFORE SIGNING, IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING, PLEASE ASK FOR ASSISTANCE.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in refusal to hire or in termination of employment.

I authorize the Village to contact my current and former employers as designated in the Employment Experience Section of this application, school officials, persons named as references and all others for the purpose of information verification and release the same from any liability resulting from the information released. I authorize employers, schools, agencies, and other person's names on this application to provide any information or transcripts requested.

In the event that I am employed, I understand that I must comply with all Village policies and rules of conduct. I understand that as the Village deems necessary I may be required to work overtime hours outside the normally defined work day or week.

I understand and agree that I may be required to take a post-offer physical exam and/or back assessment at such site as designated by the Village with regards to the essential functions of the position for which I am employed. I understand also that I may be required to take a hearing test, a drug screening test and may need to provide OSHA-approved safety clothing for specific positions within Village employment.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT BETWEEN THE APPLICANT AND THE VILLAGE I FURTHER UNDERSTAND AND AGREE THAT EMPLOYMENT AND COMPENSATION MAY BE TERMINATED AT ANY TIME WITH OR WITHOUT CAUSE OR NOTICE AT THE WILL OF THE VILLAGE WITHOUT LIABILITY TO ME FOR ANY CONTINUATION OF SALARY, WAGES, OR EMPLOYMENT AGREEMENTS AND/OR CIVIL SERVICE REGULATIONS.

I have read, understand and, by my signature, consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_